

Yemen

2013 National Health and Demographic Survey

Key Findings



Republic of Yemen
Ministry of Public Health & Population
Central Statistical Organization

The 2013 Yemen National Health and Demographic Survey (2013 YNHDS) was implemented by the Ministry of Public Health and Population (MOPHP), in collaboration with the Central Statistical Organization (CSO). ICF International provided technical assistance through The DHS Program, an USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. The funding for the local costs of the YNHDS was provided by the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), The World Bank (WB), the United Kingdom Department for International Development (DFID), the Embassy of the Kingdom of the Netherlands (EKN), and the Government of Yemen. The Pan Arab program for Family Health (PAPFAM) also provided technical as well financial assistance to the project.

Additional information about the YNHDS may be obtained from the Ministry of Public Health and Population (MOPHP), Al Hasabah Zone, P.O.Box: 13437, Sana'a, Yemen; Telephone/Fax +967-1-220-950; E-mail: his@moh.gov.ye, and from Central Statistical Organization (CSO) Al Horia Street, Sana'a, Yemen; Telephone +967-1-250-108; Fax: +967-1-250-664; E-mail: cso@yemen.net.ye.

Information about the PAPFAM project may be obtained from the Pan Arab program for Family Health (PAPFAM), 22 A Taha Hussien Street, Zamalek, Cairo, Egypt; Telephone/Fax +202-273-83-634 Email: papfamlas@yahoo.com, Internet: www.papfam.org.

Information about the MEASURE DHS project (now The DHS Program) may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: 301-407-6500, Fax: 301-407-6501, E-mail: info@DHSprogram.com, Internet: www.DHSprogram.com.

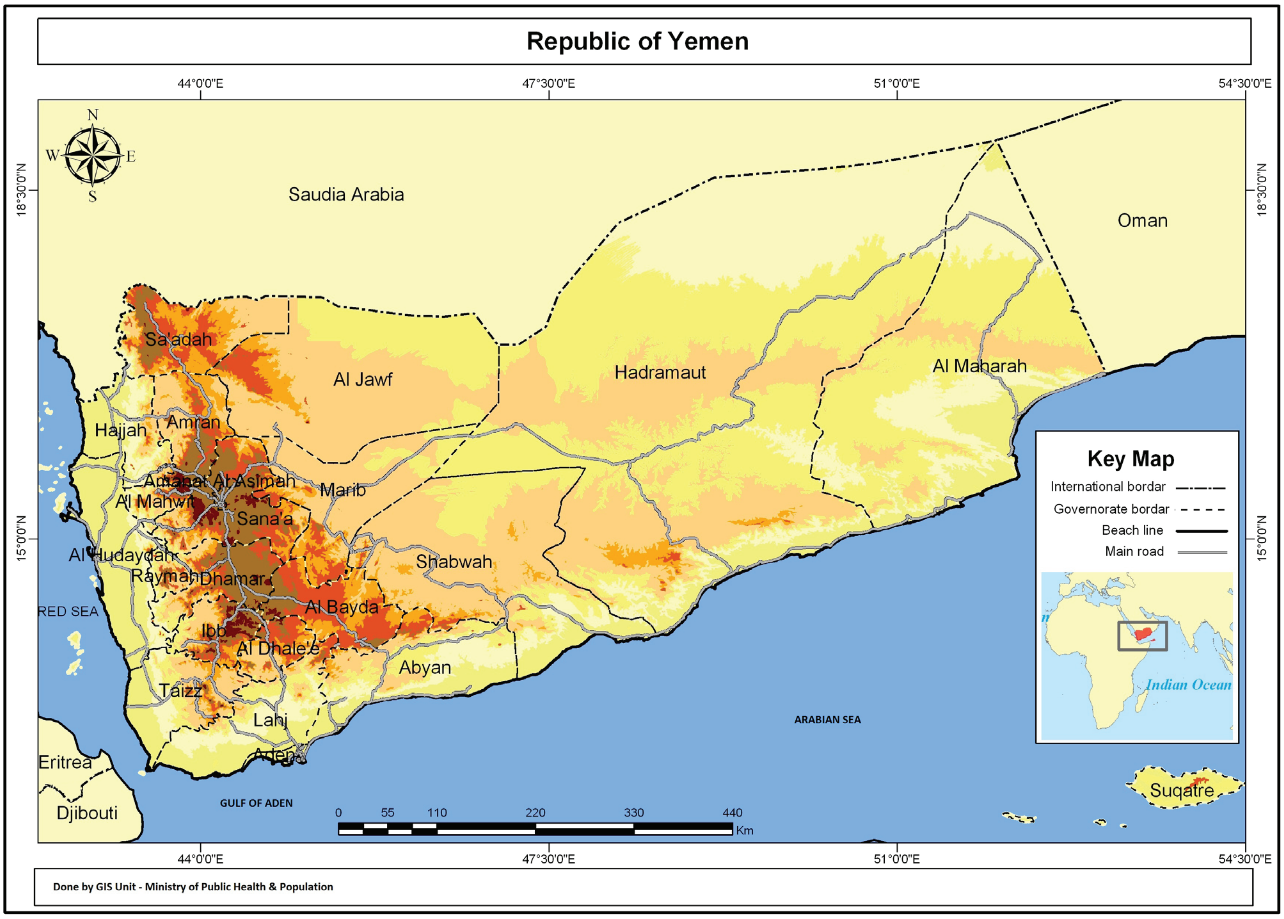
Recommended citation: Ministry of Public Health and Population (MOPHP), Central Statistical Organization (CSO) [Yemen], Pan Arab program for Family Health (PAPFAM), and ICF International. 2015. Key Findings: Yemen National Health and Demographic Survey 2013. Rockville, Maryland, USA: MOPHP, CSO, PAPFAM and ICF International.

About the 2013 YNHDS

The 2013 Yemen National Health and Demographic Survey (YNHDS) is designed to provide data for monitoring the population and health situation in Yemen. The 2013 survey is the fourth survey of its kind, and the second survey conducted as part of The DHS Program. The survey provides information on chronic illness, disability, marriage, fertility and fertility preferences, knowledge and use of family planning methods, child feeding practices, nutritional status of women and children, maternal and childhood mortality, awareness and attitudes regarding HIV/AIDS, female genital cutting, and domestic violence. This information is intended to assist policymakers and program managers in evaluating and designing programs and strategies for improving health and family planning services in the country.

Who participated in the survey?

A nationally representative sample of 17,351 households, 16,656 ever-married women age 15–49, and 8,778 never-married women age 15-49 were interviewed. This represents a response rate of 96% for ever-married women and 93% for never-married women. The sample design for the 2013 YNHDS provides estimates for the country as a whole, urban and rural areas, each of the 20 governorates, and for the capital city of Sana'a.



Characteristics of Households and Respondents

Household Composition

Yemeni households consist of an average of 6.7 people. A large proportion of the Yemeni population (44%) is under age 15. Only 8% of households are headed by women.

Water, Sanitation, and Electricity

Just under 60% of Yemeni households have access to an improved source of drinking water. Three-quarters of urban households have improved water, either from piped government network or bottled water, while only half of rural households have access to an improved source of drinking water. Less than half of households in Yemen have an improved and not-shared toilet facility. Access to an improved toilet is much higher in urban than rural areas. In rural areas, more than one-third of households have no toilet facility at all.

Three-quarters of Yemeni households have electricity. Electricity is almost universal in urban areas (99%), while only 65% of households in rural areas have electricity. More than half of households use LPG/natural gas/biogas for cooking. An additional 35% use wood.

Ownership of Goods

Eighty percent of Yemeni households own a mobile phone, 40% have a radio, and 67% have a television. One in five households own a car or truck, 13% own a motorcycle or scooter, and 11% have a bicycle. Overall, 42% of households own agricultural land and 63% own real estate.

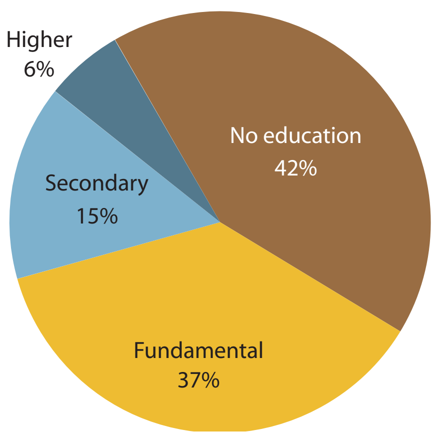
Education

More than 2 in 5 Yemeni women have had no education. An additional 37% have attended school at the fundamental level and 15% have gone to secondary school. A small percentage (6%) of women in Yemen have attended higher education. Just over half (53%) of Yemeni women are literate.



Educational Attainment

Percent distribution of women age 15–49 by highest level of education



Fertility and its Determinants

Total Fertility Rate (TFR)

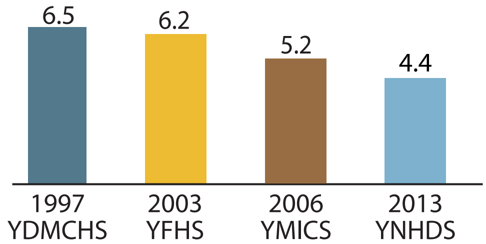
Fertility in Yemen has declined over the past fifteen years. Currently, women in Yemen have an average of 4.4 children, a decrease from 6.5 in 1997.

Fertility varies by residence and governorate. Women in urban areas have 3.2 children on average, compared with 5.1 children per woman in rural areas. Fertility is highest in Dhamar (6.2) and Amran (6.1) and lowest in Aden, where women have an average of 2.9 children.

Fertility also varies with women's education and economic status. Women with no education have an average of 5.3 children, while women with higher education have an average of 2.2 children. Fertility decreases with household wealth*. Women in the poorest households have an average of 6.1 children, while women in the wealthiest households have an average of 2.9 children.

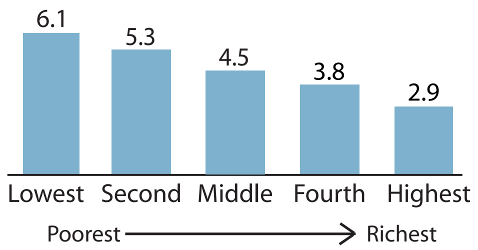
Trends in Fertility

Births per woman for the 3 years prior to the survey



Total Fertility Rate by Wealth Quintile

Births per woman for the 3 years prior to the survey



Teenage Fertility

Eleven percent of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage pregnancy is much higher among girls with no education than among those with higher education (18% compared to 2%). Teenage pregnancy varies by governorate from a low of 7% of women age 15-19 in Hajjah and Shabwah to a high of 15% in Ibb, Al-Baidha, and Sadah.

Age at First Marriage and First Birth

The median age at first marriage is 18.2 for women age 25-49. This means that half of women in Yemen are married by age 18.2. Women with secondary education marry three years later than women with no education (median age of 20.5 years compared to 17.4). A significant proportion of women marry very early: 18% of women were married by age 15.

The median age at first birth for women age 25-49 is 20.8. Women with secondary education have their first birth more than two years later than women with no education (median of 22.5 years versus 20.3).

Polygyny

Six percent of currently married women are in polygynous unions. There are several governorates where polygyny is more common: Al-Jawf (16%), Mareb (11%), Sadah (10%), and Aldhalae (10%).

Desired Family Size

Ever-married Yemeni women want, on average, 4.3 children. This is very close to the current fertility rate. Desired family size is largest in Al-Mhrah (6.5 children) and smallest in Sana'a (3.5 children).

* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Family Planning

Knowledge of Family Planning

Knowledge of family planning methods in Yemen is almost universal; 98% of ever-married women interviewed know at least one modern method of family planning. The most commonly known methods are the pill, injectables, IUD, and implants. Only 55% of ever-married women know about male condoms.

Current Use of Family Planning

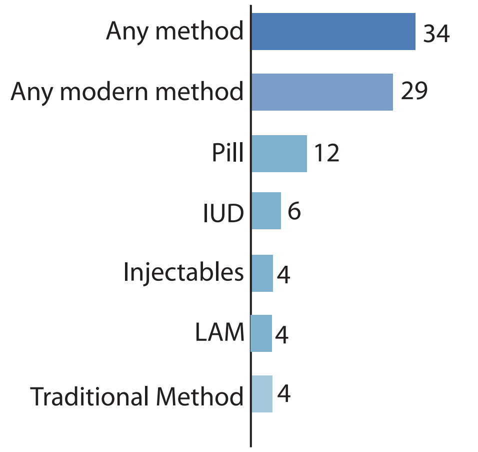
Three in ten (29%) married women are currently using a modern method of family planning. Another 4% are using a traditional method. The pill, IUD, injectable, and LAM (lactational amemorrhea method) are the most commonly used methods.

Use of modern family planning varies by residence and governorate. Forty percent of currently married women in urban areas use modern methods, compared with 24% of women in rural areas. Modern contraceptive use ranges from a low of 12% of women in Reimah to a high of 48% in Sana'a City.

Modern contraceptive use increases with education; 41% of currently married women with higher education use modern methods compared with 25% of currently married women with no education. Modern method use also increases with household wealth, from 14% of married women in the poorest households to 42% of married women in the richest households.

Family Planning

Percent of married women age 15–49 using family planning

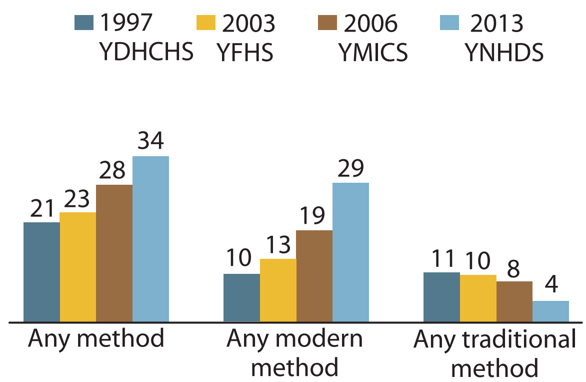


Trends in Family Planning Use

Use of family planning has increased markedly in the past 15 years, from only 10% of women using a modern method in 1997 to 29% in 2013.

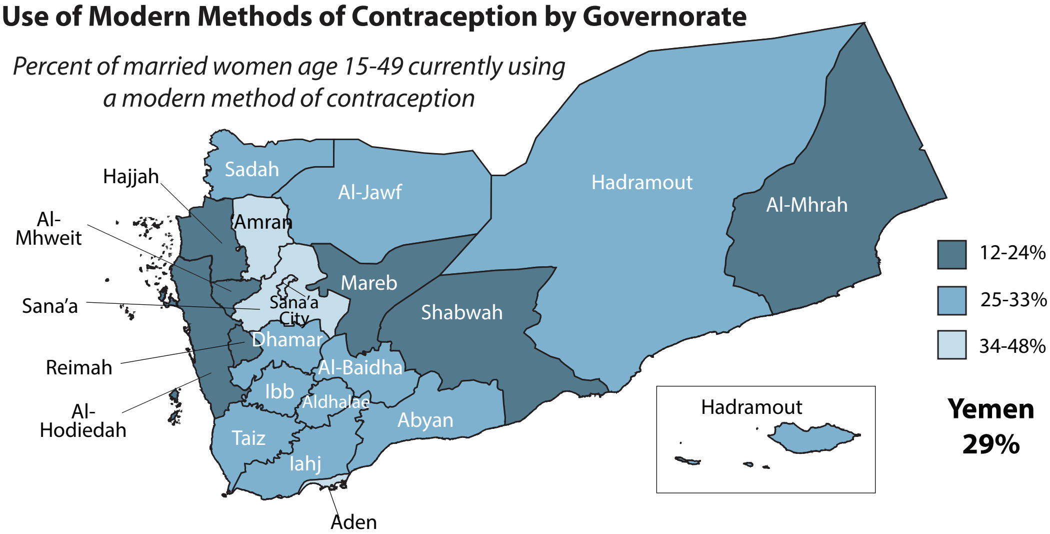
Trends in Use of Family Planning

Percentage of married women age 15-49



Use of Modern Methods of Contraception by Governorate

Percent of married women age 15-49 currently using a modern method of contraception



Need for Family Planning

Desire to Delay or Stop Childbearing

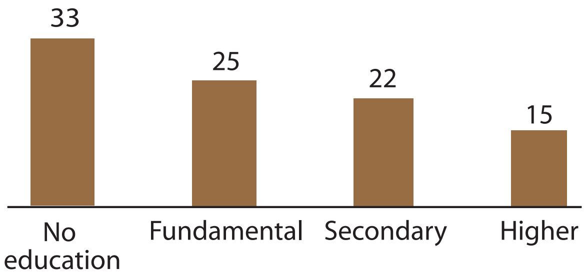
Two in five (41%) currently married women want no more children or are already sterilized. Another 24% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2013 YNHDS reveals that 29% of married women have an unmet need for family planning—15% of women have a need for spacing births and 14% for limiting births. Women living in Hajjah, Al-Mhweit, and Reimah are most likely to have an unmet need (over 40%). Unmet need is higher among women with no education (33%) than among women with higher education (15%).

Unmet Need by Education

Percent of currently married women age 15–49 with unmet need for family planning





Exposure to Family Planning Messages

Overall, 44% of ever-married women were exposed to a family planning message on television, in print media, or on the radio in the few months before the survey. Television was the most commonly cited source of family planning messages.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Six in ten Yemeni women were informed about possible side effects of their method, 45% were informed about what to do if they experience side effects, and 60% were informed about other available family planning methods.

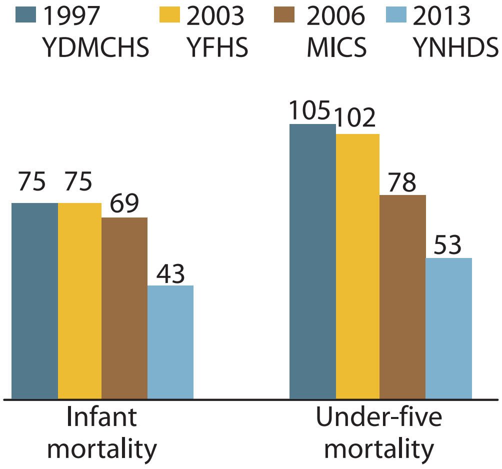
Childhood Mortality

Levels and Trends

Childhood mortality has decreased in Yemen in recent years. Under-five mortality is now half of the rate published in the 1997 YDMCHS. Currently under-five mortality is 53 deaths per 1,000 live births, meaning that 1 in 20 children do not survive until their fifth birthday. The infant mortality rate is 43 deaths per 1,000 live births.

Trends in Childhood Mortality

Deaths per 1,000 live births



Mortality rates differ by governorate. The under-five mortality rate for the ten-year period before the survey ranges from 32 deaths per 1,000 live births in Al-Jawf and Hadramout to 76 deaths per 1,000 live births in Dhamar.

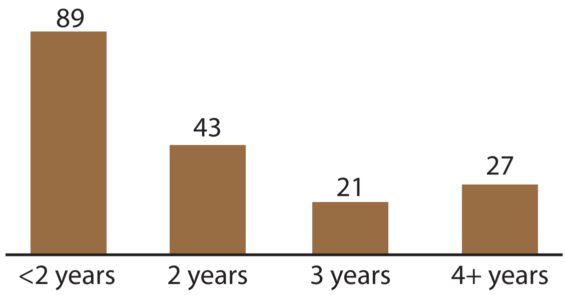
As expected, childhood mortality decreases with mother's education and household wealth.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Yemen, the median birth interval is fairly long at 31.8 months. Infants born less than two years after a previous birth have high under-5 mortality rates (89 deaths per 1,000 live births compared with 21 deaths per 1,000 live births for infants born three years after the previous birth). Thirty percent of births in Yemen occur less than two years after a previous birth.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey by years since preceding birth



Child Health

Vaccination Coverage

According to the 2013 YNHDS, 43% of Yemeni children age 12–23 months have received all recommended vaccines—one dose each of BCG and measles, and three doses each of Penta and polio. Sixteen percent of children age 12-23 months have received no vaccinations.

Vaccination coverage is higher in urban areas (59%) than rural areas (37%). Full vaccination coverage varies by governorate, ranging from only 13% of children in Sadah to 64% in Aden. Coverage increases with mother's education; 34% of children whose mothers have no education were fully vaccinated compared with 69% of children whose mothers have higher education.



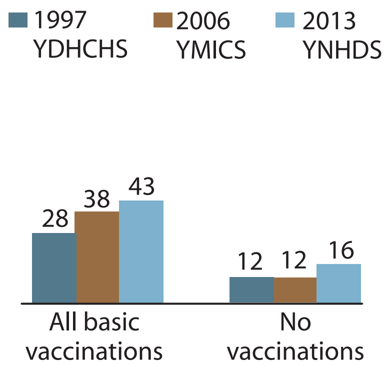
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Trends in Vaccination Coverage

Vaccination coverage has increased over the past 15 years, from 28% in 1997 to 43% in 2013. However, the percentage of children who have received no vaccines has also increased, from 12% to 16%.

Trends in Vaccination Coverage

Percentage of children age 12-23 months



Childhood Illnesses

In the two weeks before the survey, 12% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, 34% were taken to a health facility or provider and 53% received antibiotics.

About one-third of children under age five had a fever in the two weeks before the survey. Among these children, 33% were taken to a health facility or provider for advice or treatment, 16% had blood drawn, and 1% received antimalarial medication. Half received antibiotic drugs.

During the two weeks before the survey, 31% of Yemeni children under age five had diarrhea. This rate was highest (46%) among children 12-23 months old. One-third of children with diarrhea were taken to a health facility or provider. Children with diarrhea should drink more fluids, particularly through oral rehydration salts (ORS). Sixty percent of children with diarrhea were treated with oral rehydration therapy or increased fluids. However, 19% received no treatment from a medical professional or at home at all.

Maternal Health

Antenatal Care

Only 60% of Yemeni women received antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or auxiliary nurse/midwife) for their most recent birth. Eighty percent of women in urban areas received antenatal care, compared to only 51% in rural areas. Antenatal care coverage is lowest in Reimah (18%) and highest in Aden (88%) Only one-quarter of women in Yemen received four or more ANC visits, as recommended. Less than one-third of women had their first ANC visit during the first trimester. Twenty-eight percent of women took iron supplements or syrup during pregnancy. Half of women were informed of signs of pregnancy complications during an ANC visit. Only 28% of women's most recent births were protected against neonatal tetanus.

Delivery Care

In Yemen, only 30% of births occur in health facilities: 19% in public facilities and 11% in private facilities. Seven in ten births occur at home. Health facility births are more common among women with higher education (65%) and those from the wealthiest households (57%). Only 4% of births in Reimah are delivered in a health facility compared to 67% in Aden.

Less than half of births (45%) are assisted by a skilled provider. Skilled assistance at delivery ranges from 13% of births in Reimah to 84% of births in Aden. Five percent of births are delivered by caesarean-section.

Postnatal Care

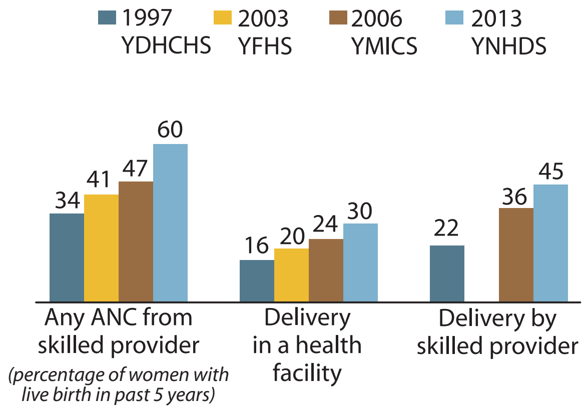
Postnatal care helps prevent complications after childbirth. Only 20% of women received a postnatal checkup within two days of delivery. Postnatal care for newborns is even less common: only 11% of newborns had a postnatal checkup within two days of birth.

Trends in Maternal Health

While maternal health indicators are low in Yemen, they have improved in recent years. In 1997, only 34% of women received any ANC compared to 60% in 2013. Delivery assistance has doubled since 1997.

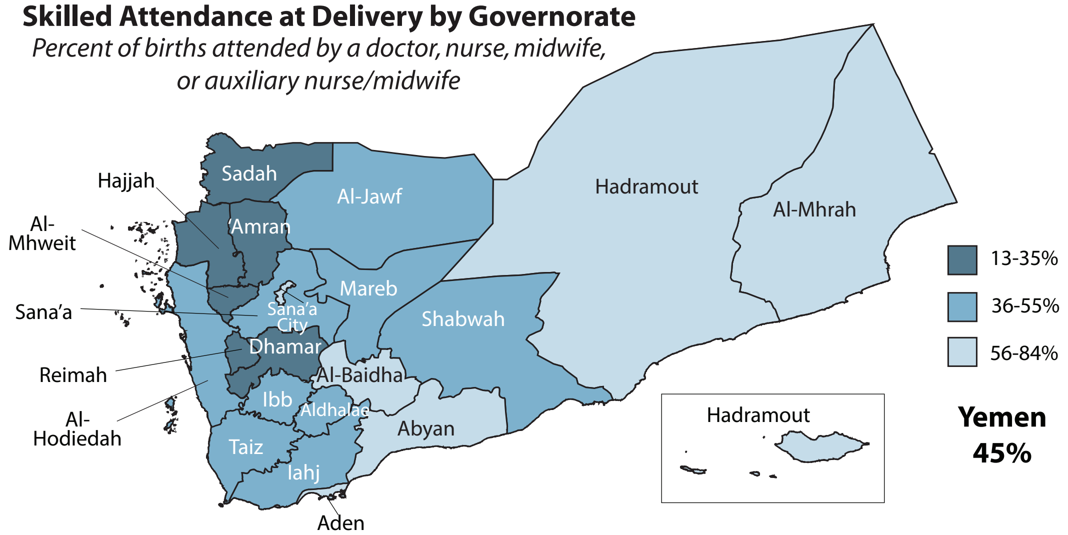
Trends in Maternal Health Care

Percentage of live births in past 5 years



Skilled Attendance at Delivery by Governorate

Percent of births attended by a doctor, nurse, midwife, or auxiliary nurse/midwife



Obstetric Fistula

Three in ten women have heard of obstetric fistula, but less than 1% of women report that they have experienced obstetric fistula. Fistula is most commonly reported among women in Abyan, Sana'a City, Taiz, Al-Jawf, and Aldhalae (more than 1%).

Problems Accessing Health Care

More than 90% of women report having at least one problem accessing health care for themselves. Eighty percent of women do not want to go alone for care, 63% are worried that there is no female provider, and 59% say that the distance to the facility is a barrier.

Maternal Mortality

The 2013 YNHDS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Yemen is 148 deaths per 100,000 live births. The confidence interval for the 2013 maternal mortality ratio ranges from 105 to 190 deaths per 100,000 live births.



© 2004 Jos Vandelaer, Courtesy of Photoshare. Women in Yemen show their immunization cards, after having been vaccinated against tetanus.

Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Yemen, with 97% of children ever breastfed. However, only 53% are breastfed within the first hour of life, and 67% receive a prelacteal feed.

WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. However, only 10% of children under six months in Yemen are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 21% of Yemeni infants under six months receive complementary foods. On average, children breastfeed until the age of 18 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Yemen, just under two-thirds of children age 6–9 months are eating complementary foods.



Children's Nutritional Status

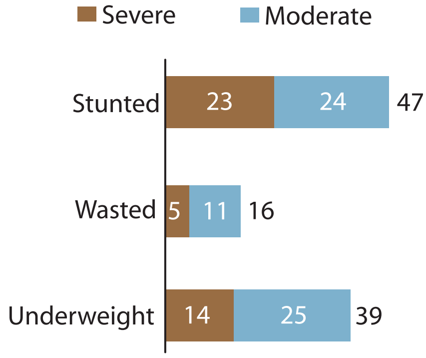
The 2013 YNHDS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the survey, 47% of children under five are stunted, or too short for their age. This indicates chronic malnutrition.

Stunting is most common among children from the poorest households, although even in the wealthiest households, one-quarter of children are too short for their age. Stunting also varies by governorate. Stunting is below 25% in Aden, Abyan, and Al Mhrah, and is highest in Reimah, at 63%. While stunting remains high, it has decreased since 2003 when 53% of children were stunted.

Wasting (too thin for height), which is a sign of acute malnutrition, is less common at 16%. In addition, 39% of Yemeni children are underweight, or too thin for their age.

Nutritional Status of Children

Percent of children under age 5, based on WHO Child Growth Standards

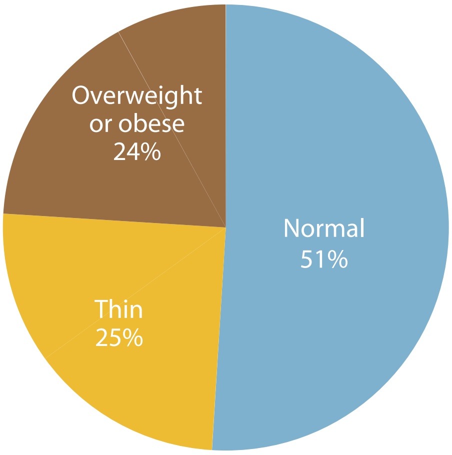


Women's Nutritional Status

The 2013 YNHDS also took weight and height measurements of women age 15–49. One-quarter of Yemeni women are thin (BMI < 18.5), while 24% of women are overweight or obese (BMI ≥ 25.0). Overweight is most common in Aden and Al-Mhrah, where at least 40% of women are overweight or obese.

Women's Nutritional Status

Percent distribution of women age 15-49

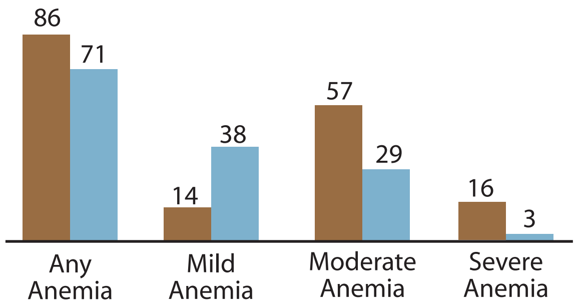


Anemia

The 2013 YNHDS tested over 3,700 children age 6 to 59 months and over 7,000 women for anemia. Eighty-six percent of children have some form of anemia; more than half have moderate anemia. Anemia is also common among women: more than 7 in 10 Yemeni women are anemic. Mild anemia is the most common form of anemia among women.

Anemia in Women and Children

Percent of children age 6-59 months and women age 15-49 years with any anemia



Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, less than half children age 6–23 months ate foods rich in vitamin A. Only 55% of children age 6–59 months received a vitamin A supplement in the six months prior to the survey. One-third of children ate iron-rich foods in the day before the survey and only 6% were given iron supplements in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Only 6% of women took iron tablets for at least 90 days during their last pregnancy. Only 17% of women received a dose of vitamin A postpartum, as recommended.

Salt Iodization

The 2013 YNHDS tested household salt for iodine. Only half of the households in the survey had iodized salt. Iodized salt was more common in urban areas (72%) than rural areas (40%) and was most commonly found in the wealthiest households.

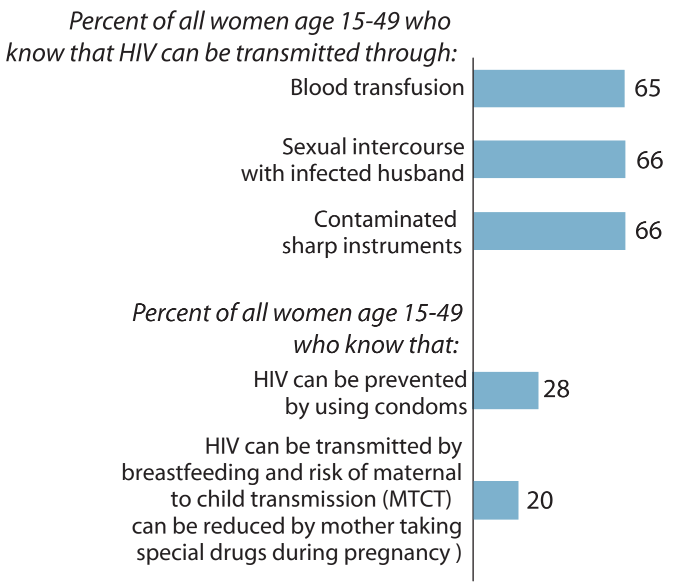
HIV/AIDS Knowledge

About three-quarters of Yemeni women have heard of AIDS. Knowledge of AIDS is particularly low in Sadah, where only 27% of women report having heard of it. Knowledge of HIV transmission and prevention methods is lower. Only 65% of women know that HIV can be transmitted through a blood transfusion, 66% know it can be transmitted by having sex with an infected husband, and 66% know it can be transmitted by contaminated sharp objects. Only 28% of women know that HIV can be prevented by using condoms.

Not all women in Yemen know about maternal-to-child transmission of HIV: 58% of women know that HIV can be transmitted during pregnancy and 49% know that HIV can be transmitted during breastfeeding. Only one-quarter of women know that the risk of mother-to-child transmission can be reduced by the mother taking special drugs during pregnancy.

Many women still have misconceptions about HIV/AIDS. Only 30% of women know that a healthy-looking person can have HIV and only 19% know that HIV cannot be transmitted by mosquito bites.

Knowledge of HIV Transmission and Prevention



Women's Empowerment and Female Circumcision

Employment

Ten percent of currently married women age 15–49 in Yemen are employed. More than 9 in 10 women who are currently employed and earning cash make decisions on how to spend their earnings, either alone or jointly with their husbands. Sixty-three percent of women reported earning less than their husband. Eighteen percent earn more than their husband, while 9% report earning about the same amount.

Participation in Household Decisions

Many Yemeni women do not participate in key household decisions. Only 55% of women participate in decisions pertaining to their own health care, and half of women say they participate in decisions about major household purchases. Women living in urban areas and those with higher education are most likely to participate in these decisions.

Attitudes about Domestic Violence

The large majority of women believe that the following acts constitute domestic violence: physical abuse (94%), forced marriage (96%), rape (97%), sexual harassment (95%) and denial of education (94%). About 80% of women think that being denied participation in household decisionmaking is a form of domestic violence.

Yemeni women report that the most common perpetrators of violence against women are parents (37%) and siblings (35%). Husbands are cited by 3% of women.



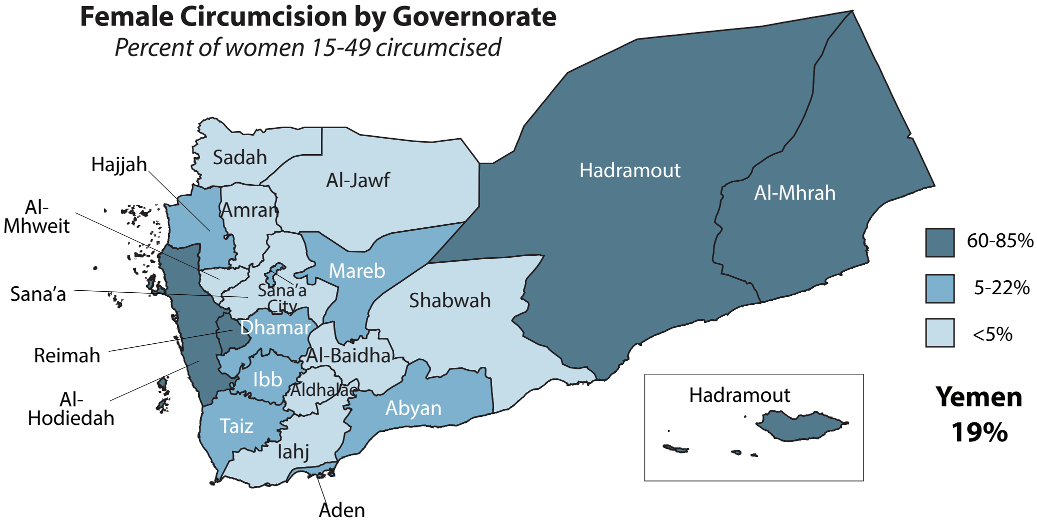
Female Circumcision

Two-thirds of Yemeni women have heard of female circumcision and 19% of women report that they are circumcised. Female circumcision is very regional; it is most common in Al-Hodiedah, Hadramout, and Al-Mhrah, where more than 60% of women are circumcised. In Yemen, female circumcision happens very early in life: 84% of circumcised women reported that they were circumcised during their first week of life and another 11% were circumcised between the first week of life and their first birthday.

The majority (75%) of Yemeni women say that female circumcision should not be continued, but women in the regions where female circumcision is common believe that it should be continued.

Female Circumcision by Governorate

Percent of women 15-49 circumcised



Tobacco, Chronic Disease, and Disability

Tobbaco, al-Qat, and Orange Snuff

The YNHDS collected data on use of tobacco, al-Qat, and orange snuff for all household members age 10 and older.

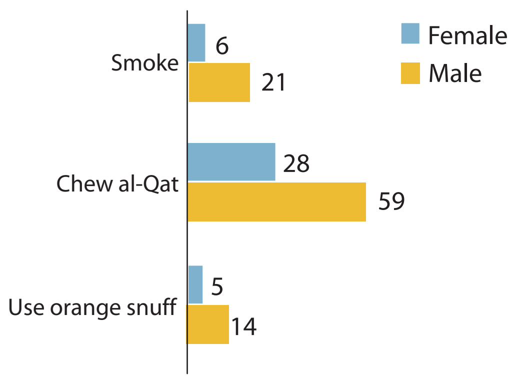
One-fifth (21%) of male household members age 10 and older are currently smokers. Smoking is fairly common across governorates and wealth quintiles. Men with no education are the most likely to smoke (29%). Only 6% of females age 10 and older in households currently smoke. Smoking among women is most common in Al-Hodiedah (16%) and Al-Mhweit (15%).

More than half of males (59%) and 28% of females in Yemeni households chew al-Qat. Use of al-Qat is common among men in all governorates except for Hadramout (9%) and Al-Mhrah (12%). Among women, al-Qat chewing differs more dramatically by governorate. For both women and men, al-Qat chewing is most common among those with no education (70% for males, 41% for females).

Fourteen percent of males and 5% of females use orange snuff. Orange snuff use is most common among males and females with no education and among those from households in the lowest wealth quintile.

Smoking, al-Qat, and Orange Snuff

Percent of all household members age 10+



Chronic disease

Eleven percent of Yemeni men and 13% of Yemeni women report that they have been diagnosed by a physician with at least one chronic or other disease. The most commonly cited diseases are high blood pressure, diabetes, inflammation or ulcers, kidney disease, and arthritis.

Disability

According to the YNHDS, 3% of household members have some type of disability. The most commonly cited disabilities are mobility impairments, visual disorders/impairments, hearing impairments, comprehension/communication problems. The majority of people with a disability (67%) did not receive any care or support in the year before the survey. One-quarter of people with a disability received medical care.

In addition, 9% of households reported that they had a household member who was injured or in an accident in the year before the survey. This percentage varies widely by governorate, from only 4% in Al-Mhrah to 22% in Mareb. Traffic accidents and falls were the most commonly reported accidents nationally, although gunshots were particularly common in Abyan, Al-Jawf, Dhamar, and Mareb.

Children's Status

Birth Registration

About one-third of births in Yemen are registered with the civil authorities and only 16% of children have a birth certificate. Almost half (48%) of children in urban areas are registered compared to only 24% in rural areas. Births in the wealthiest households are most likely to be registered (56%).

Child Discipline

Almost 80% of children age 2-14 experienced some type of physical punishment in the month before the survey; 42% experienced severe physical punishment. Children living in Amran, Sana'a, and Dhamar are most likely to receive physical punishment (85% each). Overall, only 16% of Yemeni children received only non-violent discipline in the month before the survey.



		Residence	
Fertility	**Yemen**	**Urban**	**Rural**
Total fertility rate (number of children per woman)	4.4	3.2	5.1
Median age at first birth for women age 25–49 (years)	20.8	21.1	20.7
Women age 15–19 who are mothers or currently pregnant (%)	11	9	12
Median age at first marriage for women age 25–49 (years)	18.2	18.9	17.9
Currently married women age 15-49 who want no more children (%)	41	39	42
Family Planning (currently married women, age 15–49)			
Current use			
Any method (%)	34	48	27
Any modern method (%)	29	40	24
Currently married women with an unmet need for family planning[1] (%)	29	20	33
Maternal and Child Health			
Maternity care			
Pregnant women who received antenatal care from a skilled provider[2] (%)	60	80	51
Births assisted by a skilled provider[2] (%)	45	73	34
Births delivered in a health facility (%)	30	49	23
Child vaccination			
Children 12–23 months fully vaccinated[3] (%)	43	59	37
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	47	34	51
Children under 5 years who are wasted (moderate or severe) (%)	16	14	17
Children under 5 years who are underweight (%)	39	29	43
Children age 6-59 months with any anemia (%)	86	81	88
All women age 15-49 with any anemia (%)	71	66	73
All women age 15-49 who are thin (BMI <18.5 kg/m²)	25	17	29
All women age 15-49 who are overweight or obese (BMI ≥25.0 kg/m²)	24	36	17
Childhood Mortality (deaths per 1,000 live births)[4]			
Neonatal mortality	*26*	21	28
Infant mortality	*43*	36	51
Under-five mortality	*53*	44	63
Female Circumcision			
All women 15-49 who are circumcised (%)	19	17	19
Tobacco, al-Qat, and Orange Snuff			
Household members age 10+ who smoke cigarettes (%)	13	15	12
Household members age 10+ who chew al-Qat(%)	43	40	44
Household members age 10+ who use orange snuff (%)	9	6	11

[1]Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. [2]Skilled provider includes doctor, nurse, midwife, or auxiliary nurse/midwife. [3]Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth). [4]Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

